

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214507132
1.) CORPORATION NAME: QBE MANAGEMENT, INC. <div style="float: right; text-align: right;">DUE DATE: 1/31/2014</div>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA <div style="float: right; text-align: right;">SCC ID NO: F1324971</div>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY <div style="float: right; text-align: right;">5.) STOCK INFORMATION</div>		
4.) STATE OR COUNTRY OF INCORPORATION: NY		
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;">ADDRESS: WALL STREE PLAZA 88 PINE STREET</div> <div style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10051-0801</div>		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: David Duclos TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joanna Colaneri TITLE: TREASURER ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER MALONEY TITLE: SECRETARY ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JENNIFER J VERNON TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE SUN PRAIRIE, WI 53596	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Richard Dziadzio TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE HARNETT DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LANGIONE DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Graf DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Truett Tate DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JENNIFER J VERNON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER J VERNON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/3/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			